

Name
in
Full

Adams R. Ballard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

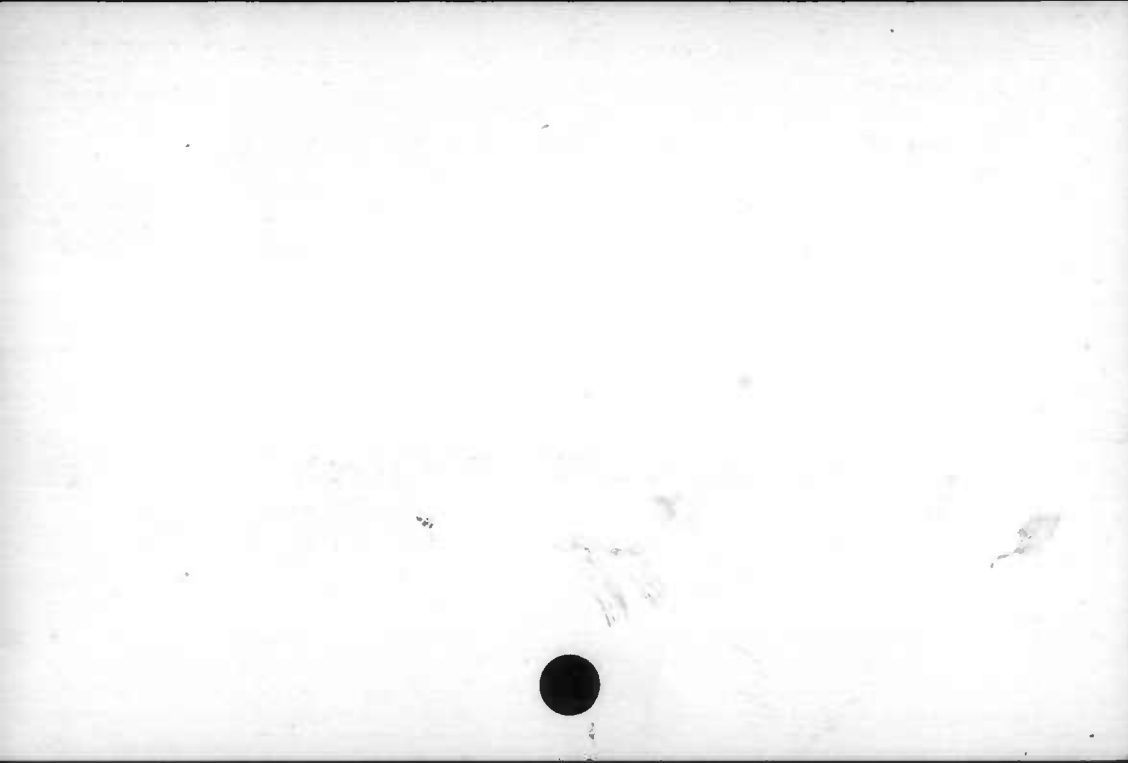
Died at <i>Curtis' Chapel</i>		Town <i>Southern</i>		County		MARYLAND	
Date of death	1909	Month	Dec	Day	12	Years	Age 68
Sex	Male	Color or Race	Colored	Birth-place	Md		
Occupation	Laborer		Where Residing if not at place of death		Curtis' Chapel		
Married, Single or Widowed	Single		Name of Wife or Husband		Ellen Ballard		
Father's Name	Unknown		Father's Birthplace		Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace		"		
Name of person giving Information	Geo. J. Ballard		How related to deceased		Uncle		

CAUSES OF DEATH

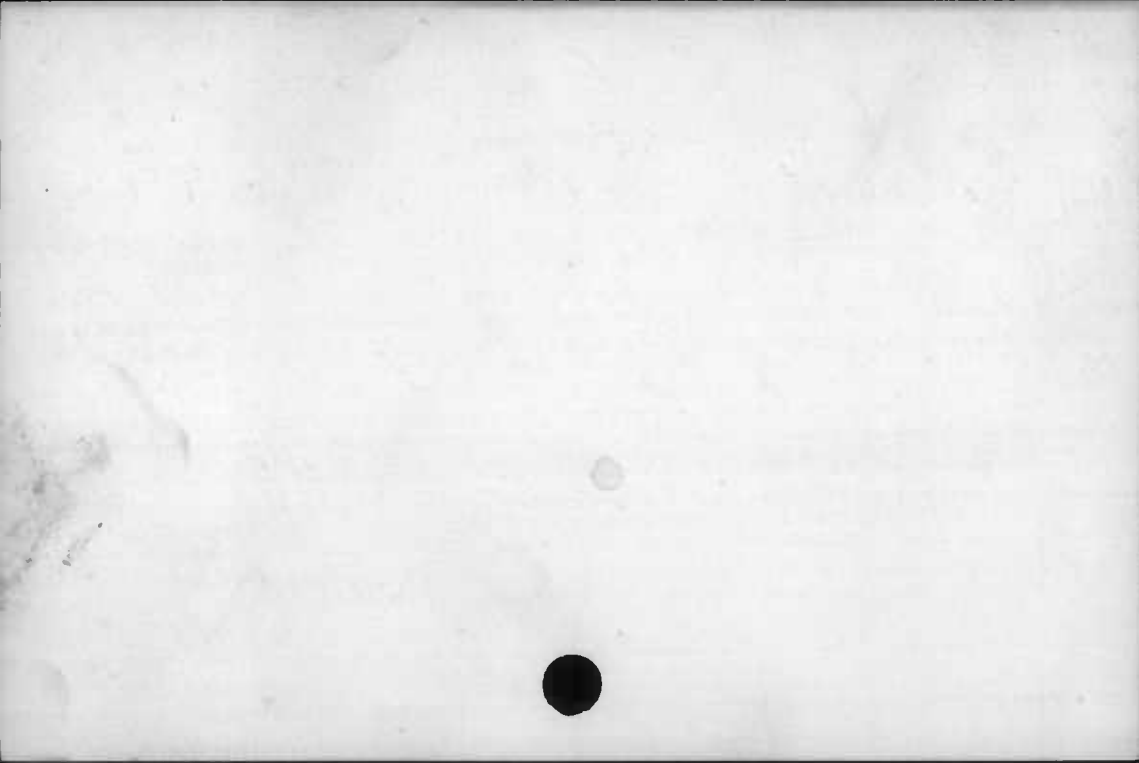
53

PHYSICIAN
OR CORONER

Primary	<i>Hodgkins Disease</i>	How long	<i>About 2 yrs.</i>
Immediate	<i>Assthemia</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. F. Frazier, M.D.</i>	
		Address <i>Princess Anne, Md.</i>	
Accident or Suicide			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Danvers Quarter</i>		Town <i>Somerset</i>		MARYLAND	
	Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>8th</i>	Age <i>65-</i>		Months
	Sex <i>Female</i>	Color or Race <i>Albion</i>		Birth-place <i>Som. Co.</i>		
	Occupation <i>Housework</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>George Barclay</i>				
	Father's Name <i>John Sealley</i>	Father's Birthplace <i>Som. Co.</i>				
	Mother's Maiden Name <i>Mary Roberts</i>	Mother's Birthplace <i>Som.</i>				
	Name of person giving information		How related to deceased			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Bright's disease</i>		How long <i>6 mths.</i>		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">120</div>	
	Immediate <i>Uremia</i>		How long <i>—</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. J. Walker, M.D.</i>			
			Address <i>Danvers Quarter, Som. Co., Md.</i>			
	Accident or Suicide? <i>No</i>					



Name
in
Full

Joshua Isaac Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> - <i>Somerset</i>		Town		County		MARYLAND	
Date of death	1909	Month	December	Day	10th	Age	14
Sex	Male	Color or Race	White	Birth-place	Somerset Co. Md.		
Occupation	School boy			Where Residing if not at place of death	Kings Creek Md.		
Married, Single or Widowed	Single			Name of Wife or Huaband			
Father's Name	Samuel S. Barnes			Father's Birthplace	Md.		
Mother's Maiden Name	Mary Howeth			Mother's Birthplace	Md.		
Name of person giving Information	Samuel S. Barnes			How related to deceased	Father		

CAUSES OF DEATH

Primary

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Accident or Suicide

Accident.

PHYSICIAN
OR CORONER



Name
in
Full

Robert Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	190	Month	Day	Age	Years
9	Dec	12	4	80	
Sex	Male	Color or Race	White	Birth-place	Boston Mass.
Occupation	Oysterman	Where Residing if not at place of death Inverness, Ind.			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Barry		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving Information	Edward Kane	How related to deceased	not at all		

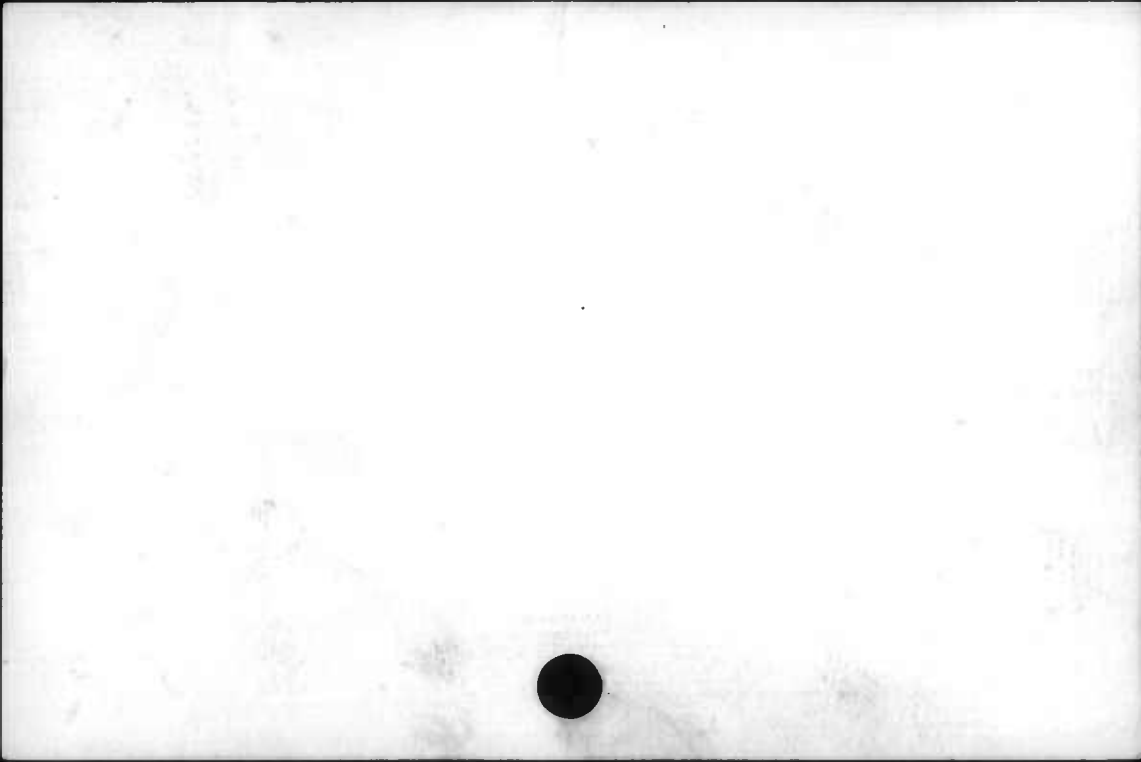
CAUSES OF DEATH

154



Primary	How long
Senile Debility	Several years
Immediate	How long
Senile Debility	Several years
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	G. E. Dickinson
Address	Upper Fairmount Md.
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
in
Full

Sarah E Bean

CERTIFICATE OF DEATH

Died at *Orville* ^{Town} *Somerset* ^{County} **MARYLAND**Date of death *1909* ^{Month} *Dec* ^{Day} *27* Age *41* ^{Years} *—* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *Blk* Birth-place *Ind*Occupation *Housewife* Where Residing if not at place of death *Same*Married, Single or Widowed *Married* Name of Wife or Husband *W. N. L. Bean*Father's Name *Joseph Batteman* Father's Birthplace *Somerset Co*Mother's Maiden Name *Rosa Wilson* Mother's Birthplace *"*Name of person giving Information *W. N. L. Bean* How related to deceased *husband*

CAUSES OF DEATH

Primary *Acute Gastritis* How long *1 day*Immediate *Exhaustion* How long *3 hrs*

Are the name, age, sex, color, date and place correctly given above?

Yes

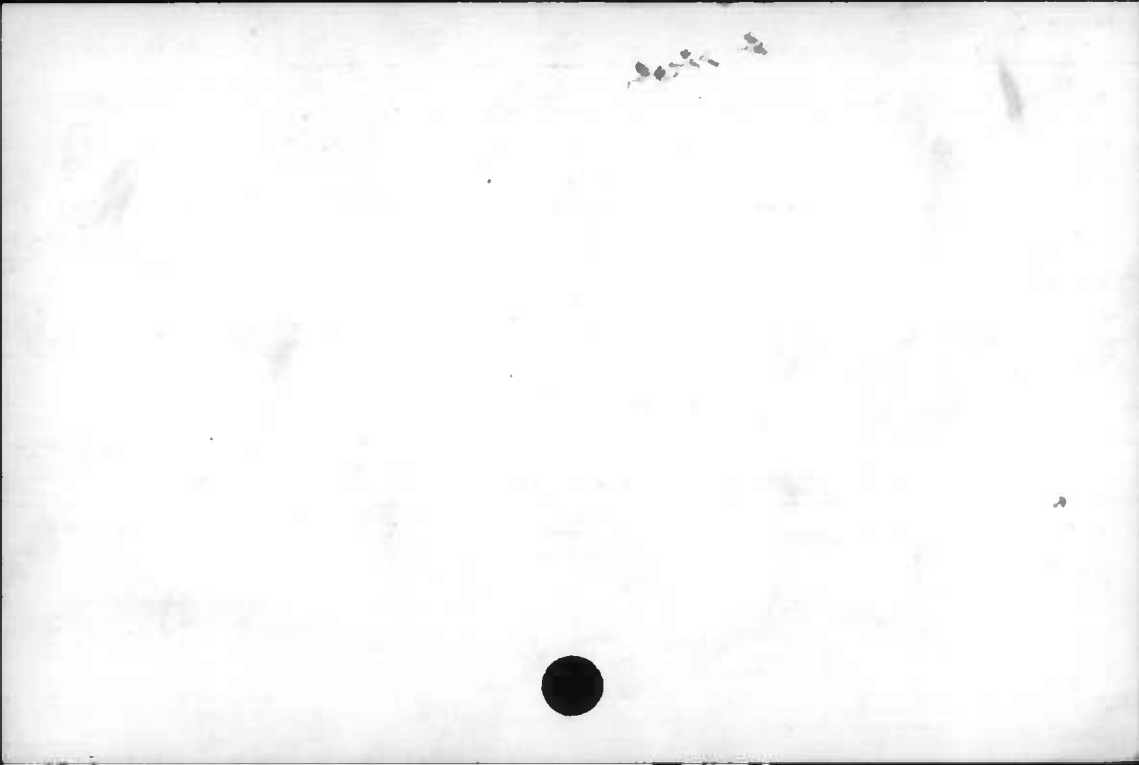
Signature of Physician

C. L. Hoyt M.D.
Orville Ind

Address

Accident or Suicide

*No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*2*



Name
in
Full

George W. Bittingham

CERTIFICATE OF DEATH

Died at		Town Primer Pond		County Somerset		MARYLAND	
Date of death		1909	Month 02	Day 7	Age 64	Years —	Months —
Sex Male		Color or Race White		Birth-place Somerset Co			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Sarah J. Riggin					
Father's Name Wm. H. Bittingham		Father's Birthplace Somerset Co.					
Mother's Maiden Name Emeline E. Richards		Mother's Birthplace Somerset Co					
Name of person giving Information Marion E. Bittingham		How related to deceased Son					

CAUSES OF DEATH

Primary	Tuberculosis	How long 27	1 Year
Immediate	Stiffness	How long	1 Week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. W. Wainwright	
Address		Primer Pond	
Accident or Suicide		No	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Charles Earl Cottman
Town County

MARYLAND

Died at *Fruit Town*

Date of death 1909 *Dec.* 30

Age *One* *One* *8*

Sex *Male*

Color or Race *Colored*

Birth place *Fruit Town*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Charles H. Cottman*

Father's Birthplace *Hopewell*

Mother's Maiden Name *Margaret B. Buttringham*

Mother's Birthplace *Talbot Co.*

Name of person giving Information *Charles H. Cottman*

How related to deceased *Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

Immediate

Fleming's

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

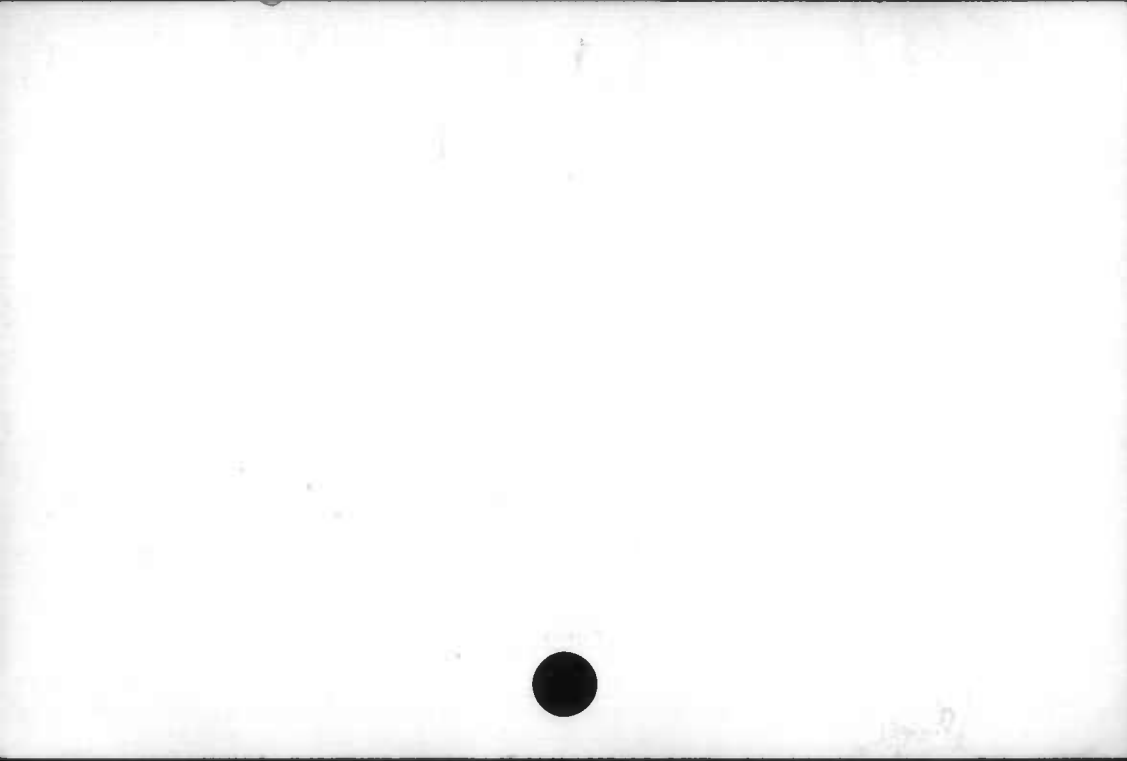
Address

W. R. Kniskern, D.
Crisfield Del.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Henrietta Dise

CERTIFICATE OF DEATH

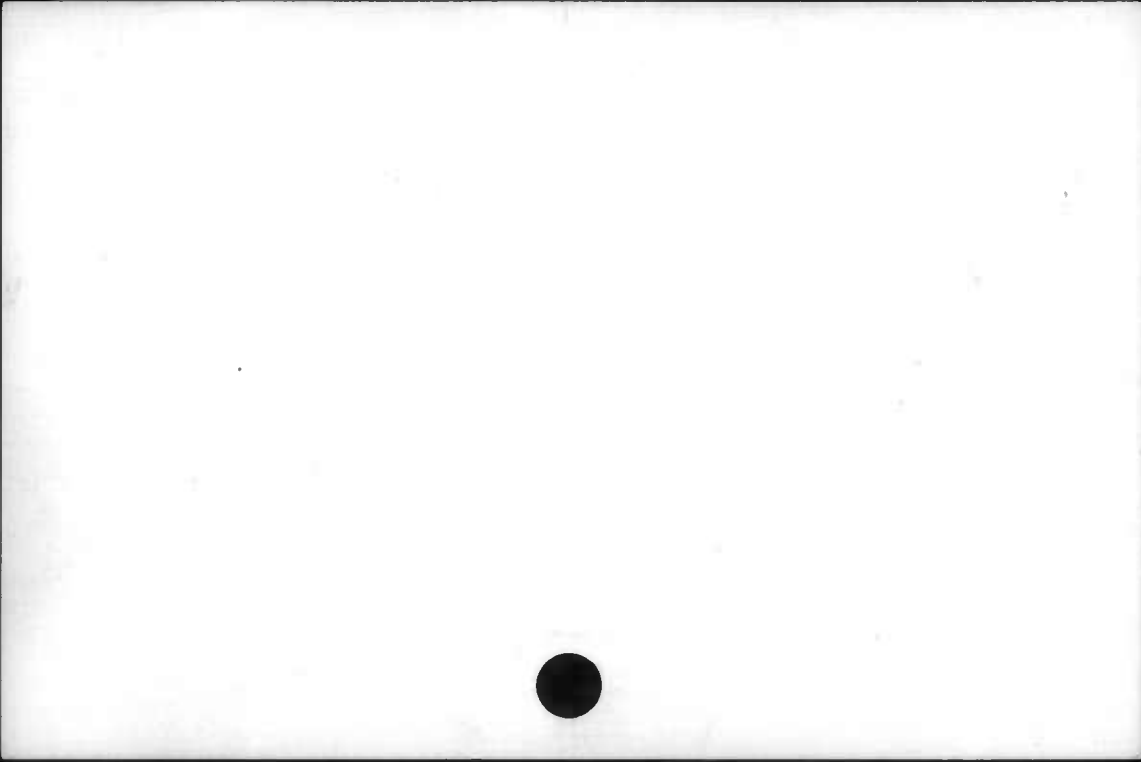
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Landonville		County Somerset		MARYLAND	
Date of death		Month 9	Day 15	Years 1902	Age 82		Months —
Sex Female		Color or Race White		Birth-place Somerset Co		Days —	
Occupation Housewife		Where Residing if not at place of death Landonville					
Married, Single or Widowed Widow		Name of Wife or Husband Severn Dise					
Father's Name John Thomas		Father's Birthplace Somerset Co					
Mother's Maiden Name Millie Thomas		Mother's Birthplace Somerset Co					
Name of person giving information Mrs F. Holland		How related to deceased Niece					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	Several Years
Immediate	Senile Debility	How long	Several Years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. E. Dickinson	
Yes		Address Upper Fairmount Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

George Barton Fitzgerald
Town County

Died at Princess Anne Somerset

Date of death 1909 Dec 17th Age 41

Months Days

9 2

Sex male Color or Race white

Birth-place Oriskany Somerset Co. Md.

Occupation Merchant

Where Residing if not at place of death

place of death

Married, Single or Widowed married Name of Wife or Husband

Laura P. Fitzgerald

Father's Name Thos H. Fitzgerald

Father's Birthplace Marion Md

Mother's Maiden Name Mary A. Newman

Mother's Birthplace Balto "

Name of person giving Information Albert B. Fitzgerald

How related to deceased brother

CAUSES OF DEATH

Primary Bowel & Stomach
Immediate Aschemia

40
How long

1 Mon

How long 3 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Chas. W. Loomisright

Address

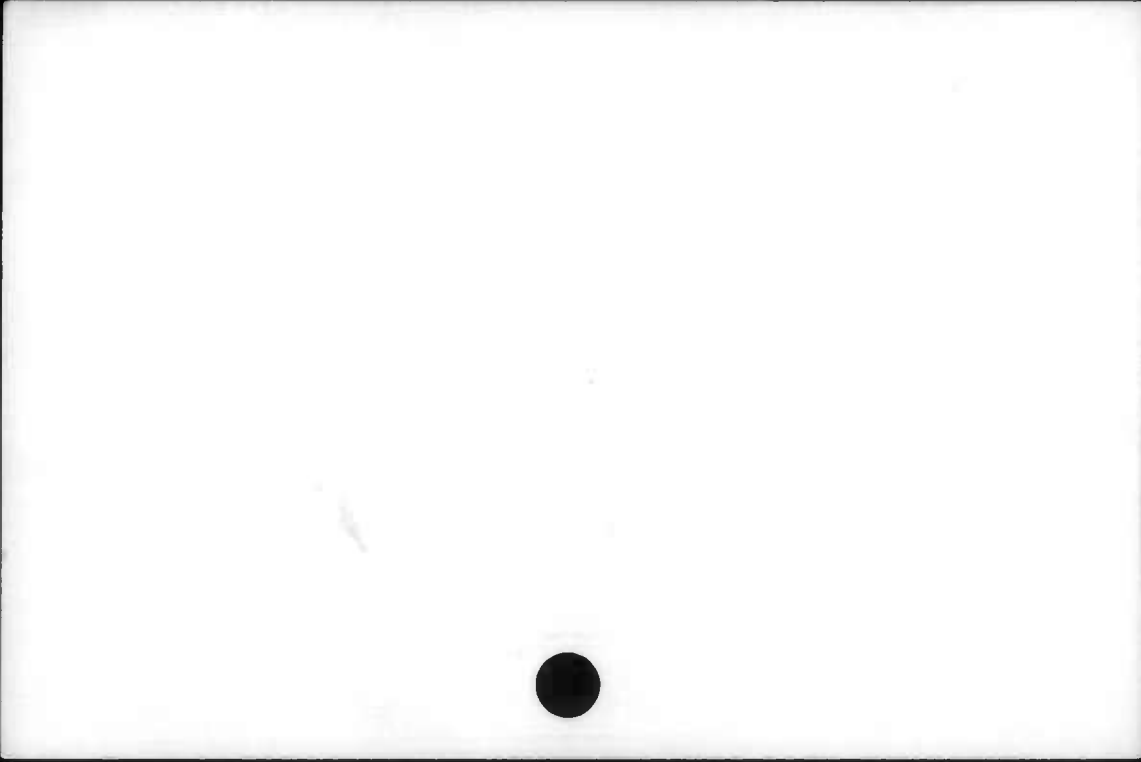
Princess Anne
Md

Accident or Suicide

No

PHYSICIAN
OR CORONER

2



Name
in
Full

Charles Alfred Fluhart

CERTIFICATE OF DEATH

Died at

Lawsonia

Town

Somerset

County

MARYLAND

Date

of death

190

9

Month

12

Day

10

Age

Years

22

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Orisfield MD

Occupation

Cyclerman

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
Name

W. Tension Fluhart

Father's
Birthplace

Exwell MD

Mother's
Maiden Name

Hattie J. Wharton

Mother's
Birthplace

Orisfield

Name of person giving
Information

W. F. Fluhart

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

20 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. F. Hall
Orisfield MD

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Fulford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lensfield</u> ^{Town}		<u>Sumner</u> ^{County}		MARYLAND	
Date of death	1909	Month	12	Day	10
Age		27		Months	—
Sex	Male	Color or Race	Black	Birth-place	N. C.
Occupation	Laborer		Where Residing if not at place of death	Lensfield. Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Daisy Fulford		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	G. J. Simonson		How related to deceased	Nephew	

CAUSES OF DEATH

176.

PHYSICIAN
OR CORONER

Primary Cause	Shot wound in neck		How long	Instantly
Immediate Cause			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	G. J. Simonson
			Address	Lensfield Md
Accident or Suicide	Murdered			



Name
in
Full

Amelia Jane Henry

CERTIFICATE OF DEATH

Died at Ladsonia Donner County MARYLAND

Date of death 190 9 Dec Month 6 Day 77 Age 3 Months 21 Days

Sex Female Color or Race Black Birth-place Hopewell Md

Occupation Domestic Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Thomas Henry

Father's Name Benjamin Handy Father's Birthplace Hopewell Md

Mother's Maiden Name Hester Horsey Mother's Birthplace Hopewell Md

Name of person giving Information Amelia Henry How related to deceased Daughter

CAUSES OF DEATH

Primary Accidently Burned 167 How long one hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. F. Lael
Hopewell

Address

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Wm. P. Hickman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Crisfield* Town *Somerset* County
Date of death *1909 Dec. 1st* Age *57*
Sex *Male* Color or Race *White* Birth-place *Somerset Co. "*
Occupation *Farmer* Where Residing if not at place of death *"*
Married, Single or Widowed *Married* Name of Wife or Husband *Gertrude Hickman*
Father's Name *Thomas Hickman* Father's Birthplace *Maryland*
Mother's Maiden Name *Maria Sterling* Mother's Birthplace *"*
Name of parson giving Information *George Hickman* How related to deceased *Brother*

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary *Chronic Bronchitis* How long *4 yrs*
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. L. Somers
Crisfield
MD

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

Ellen Johnson

TO BE ANSWERED BY
NEAREST FRIEND

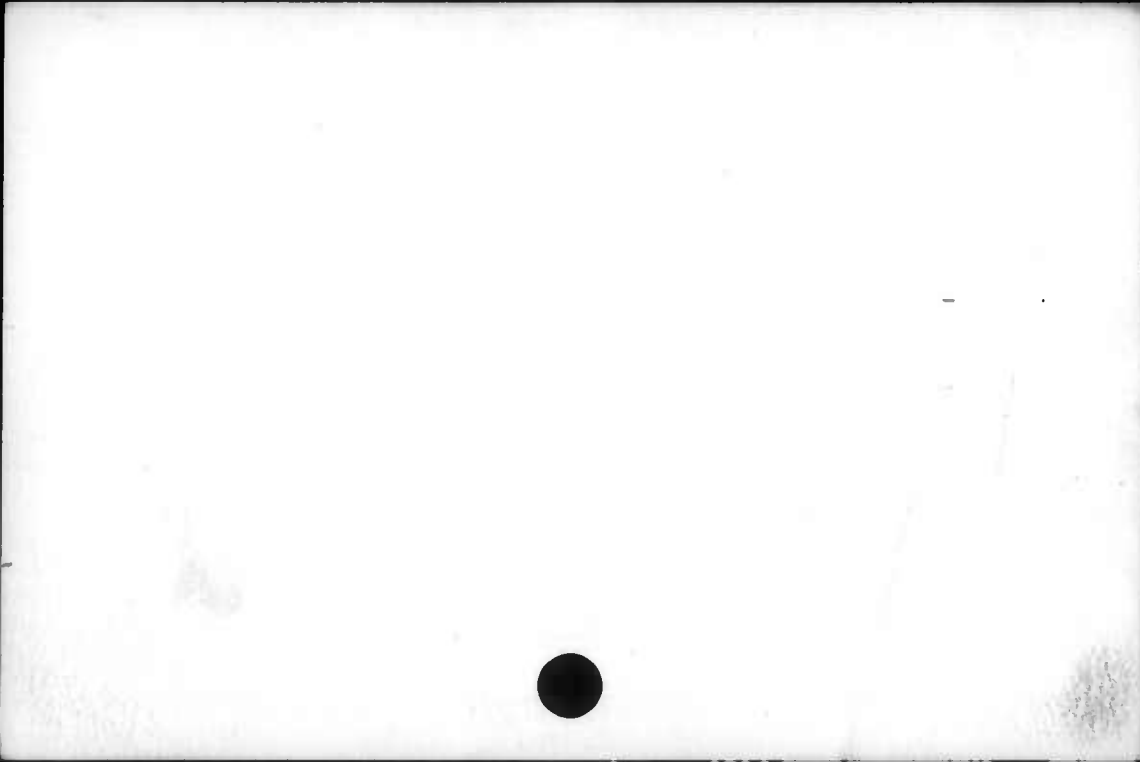
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec	22	Age	24		
Sex		Color or Race		Birth-place			
female		Black		Cambridge			
Occupation		Where Residing if not at place of death					
Home work							
Married, Single or Widowed		Name of Wife or Husband					
married		Walter Johnson					
Father's Name		Father's Birthplace					
Robert Pearson		Va					
Mother's Maiden Name		Mother's Birthplace					
Azzie Stanley		Cambridge					
Name of person giving Information		How related to deceased					
Walter Johnson		Husband					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	6 wks.
Immediate	Pulmonary Tuberculosis	How long	3 1/2 wks.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Address	
C. J. Collins		Cambridge	
Accident or Suicide			



Name
in
Full

Lilly Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

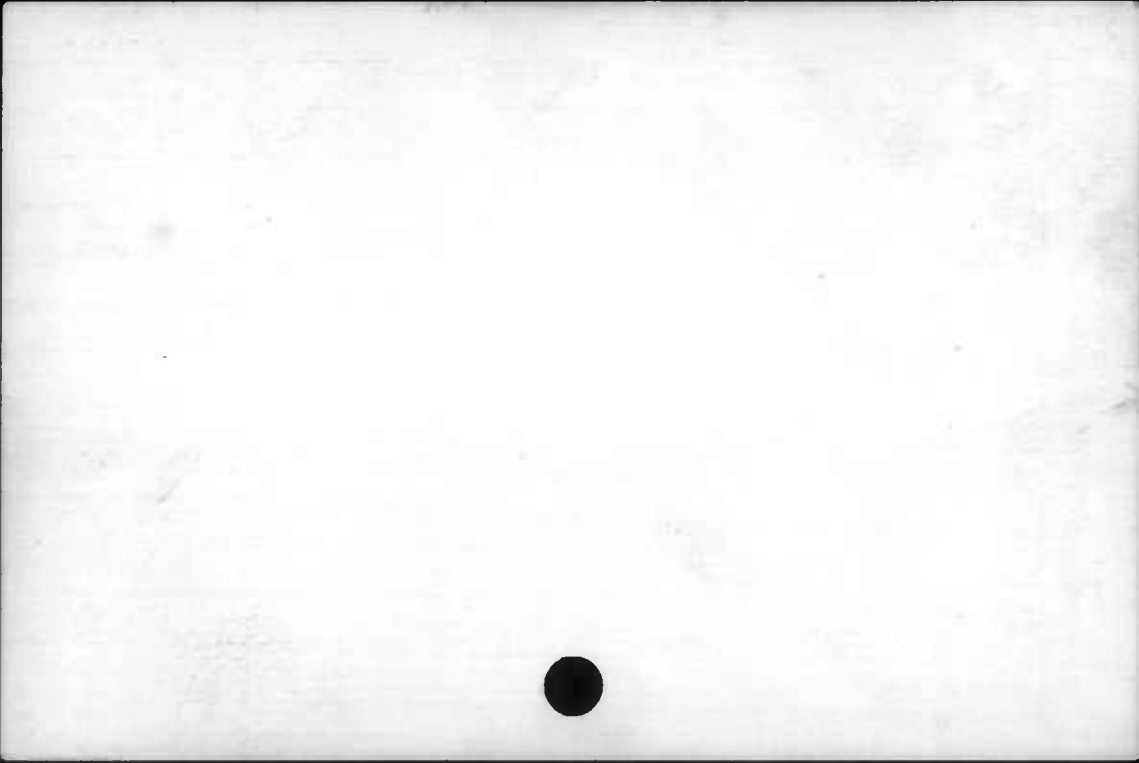
Died at <u>Cottage Grove</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	<u>December</u> ^{Month}	<u>20</u> ^{Day}	<u>50</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>W. Somerset Co Md</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Peter Johnson</u>				
Father's Name <u>Ezekiel Layfield</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Clarence Adams</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>about 2 years</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. J. Henry Fisher M.D.</u>
	Address <u>Princess Anne Md</u>
Accident or Suicide <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Corra Jones
Union

County

Somerset

MARYLAND

Date

1909 Dec 24

Day

Age

Years

Months

Days

of death

Sex

Female

Color or
Race

Colored

Birth-
Place

Somerset Co

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife
Husband

Fletcher Jones

Father's
Name

David Cornish

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Lisa Byrd

Mother's
Birthplace

Somerset Co

Name of person giving
Information

Fletcher Jones

How related
to deceased

Somerset Co

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. B. Jones M.D.
Tracy's Avenue Md
G. F. D. No. 2.

Accident or Suicide

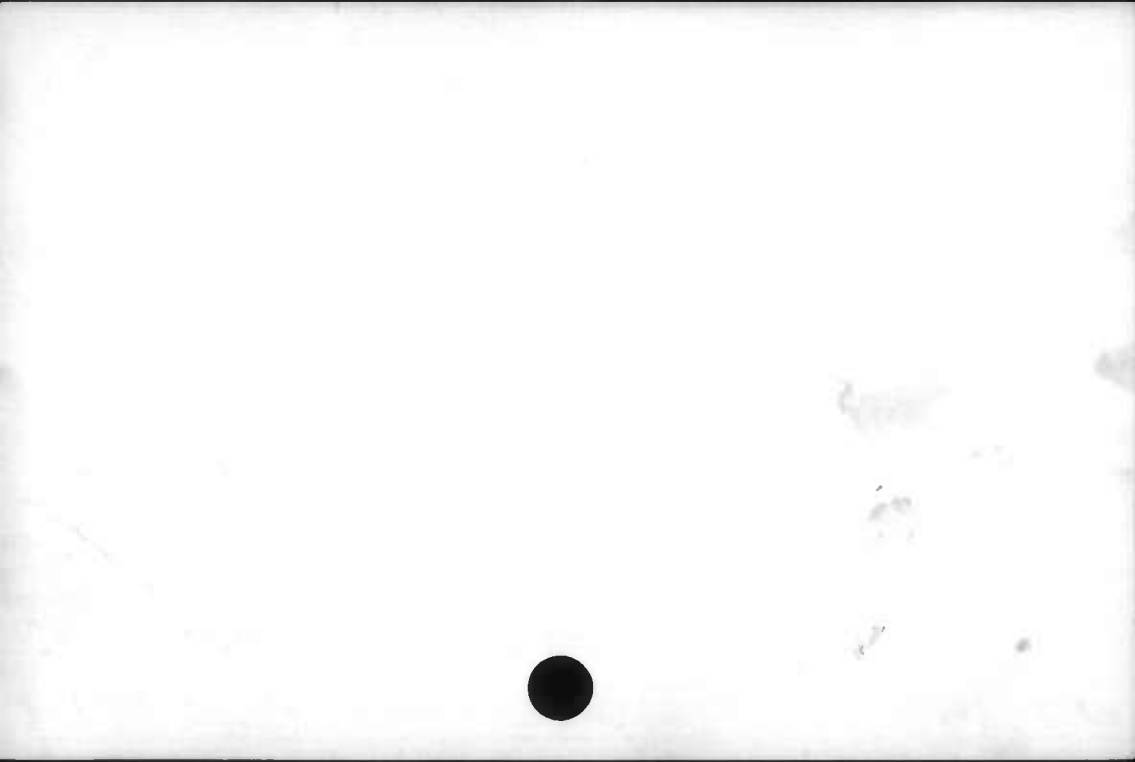
Endocarditis

(78)

24 hrs

PHYSICIAN
OR CORONER

2



Name
in
Full

George Jones

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Dec	16	Age	19		
Sex	Male	Color or Race	Blk	Birth-place	Somerseth		
Occupation	Farmer			Where Residing if not at place of death	Same		
Married, Single or Widowed	Widowed			Name of Wife or Husband	Hannah Jones		
Father's Name	James Jones			Father's Birthplace	Ind		
Mother's Maiden Name	Passion Jones			Mother's Birthplace	Ind		
Name of person giving Information	Geo M Jones			How related to deceased	Son		

CAUSES OF DEATH

144

Primary	Blood Abscess of foot	How long	4 wks
Immediate	Sepsis & Exhaustion	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R L Wright
		Address	Orville Ind
Accident or Suicide			



Name
in
Full

Hannah Jones

CERTIFICATE OF DEATH

Died at <u>Town</u> <u>Habacht</u>		County <u>Somerset</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>Dec</u>	Day <u>10</u>	Age <u>73</u>	Years <u>✓</u>
Sex <u>Female</u>	Color or Race <u>Blk</u>	Birth-place <u>Somerset Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Jones</u>				
Father's Name <u>Hector Reid</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Dorothy Jones</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Geo H Jones</u>	How related to deceased <u>Son</u>				

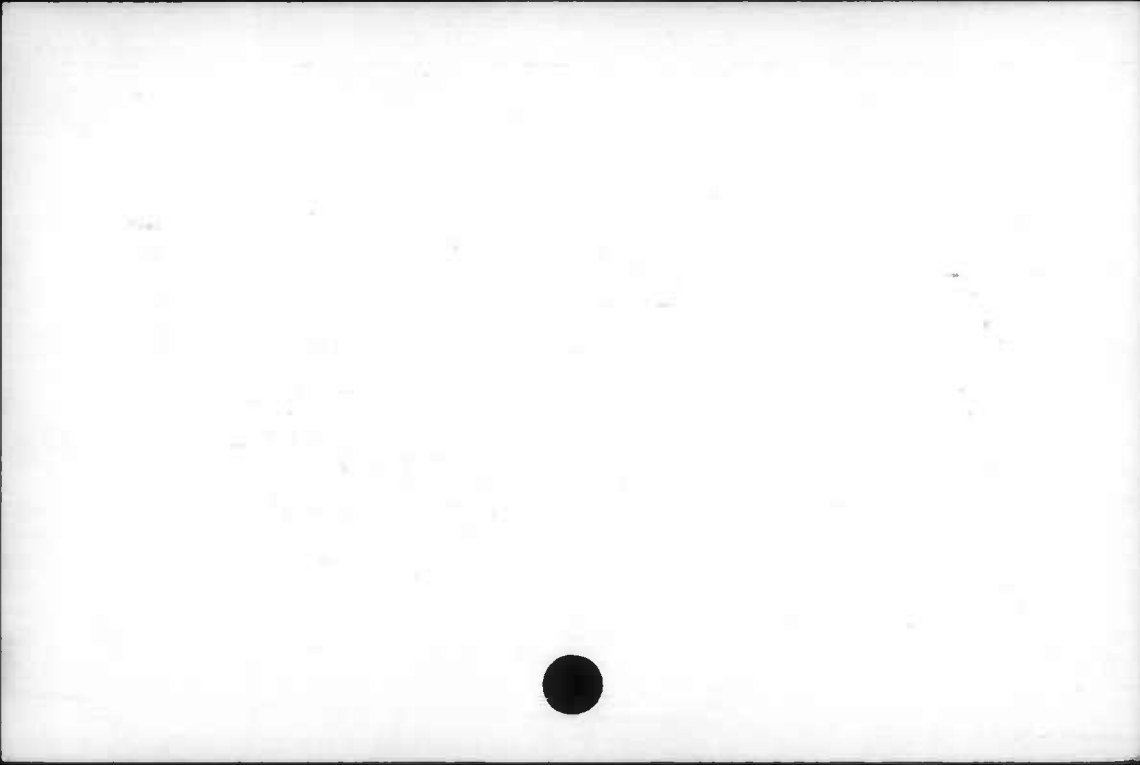
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Chronic Interstitial Nephritis</u>	How long <u>1 year</u>
Immediate <u>Uraemia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R L Hough M.D.</u>
	Address <u>Amale</u>
Accident or Suicide <u>No</u>	

PHYSICIAN
OR CORONER

120



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lee Jones* Town *Chick* County *Somerset*

Died at *Chick* *Somerset* **MARYLAND**

Date of death 1907 *Dec.* Month *19th* Day *22* Age *22* Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Som. Co.*

Occupation *waiter* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *George Jones* Father's Birthplace *Som. Co.*

Mother's Maiden Name *Elizabeth Bushell* Mother's Birthplace *Mary Co.*

Name of person giving information *John Jones* How related to deceased *Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *9 mos.*

Immediate *Asthma* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. J. Winder, M.D.* Address *St. Louis, Mo.*

Accident or Suicide *m*



Name
in
Full

Matilda Anne Lankford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Upper Airmount</i> ^{County} <i>Somerset</i>		MARYLAND	
Date of death	1909	Month	Dec
		Day	24
		Age	66
		Months	10
		Days	11
Sex	<i>Female</i>	Color or Race	<i>White</i>
Birth place	<i>Somerset Co</i>		
Occupation	<i>None</i>		
Where Residing if not at place of death		<i>L</i>	
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Bengamin F. Lankford</i>
Father's Name	<i>Thomas Sudler</i>	Father's Birthplace	<i>Somerset Co</i>
Mother's Maiden Name	<i>Sallie J Sudler</i>	Mother's Birthplace	<i>Somerset Co</i>
Name of person giving information	<i>Sallie J Sudler</i>	How related to deceased	<i>Mother</i>

CAUSES OF DEATH

(29)

PHYSICIAN
OR CORONER

Primary	<i>Intestinal tuberculosis & nephritis</i>	How long	<i>2 months</i>
Immediate	<i>Intestinal haemorrhage</i>	How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry M. Lankford</i>
		Address	<i>Princess Anne Maryland</i>
Accident or Suicide	<i>No</i>		

$$\begin{array}{r}
 8883 \\
 2300 \\
 \hline
 11383
 \end{array}$$

Name
in
Full

Mary Elizabeth Mears.

CERTIFICATE OF DEATH

Died at

Crisfield

County

Somerset

MARYLAND

Date

of death

1909

Month

Dec.

Day

31st

Age

Years

Months

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Crisfield

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

R. Lee Mears

Father's
Birthplace

Virginia

Mother's
Meiden Name

Cora Sterling

Mother's
Birthplace

Maryland

Name of person giving
Information

Effie Sterling

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Infantile Spasms

How long

Hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. F. Hall

Crisfield

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

6



Name
in
Full

CERTIFICATE OF DEATH

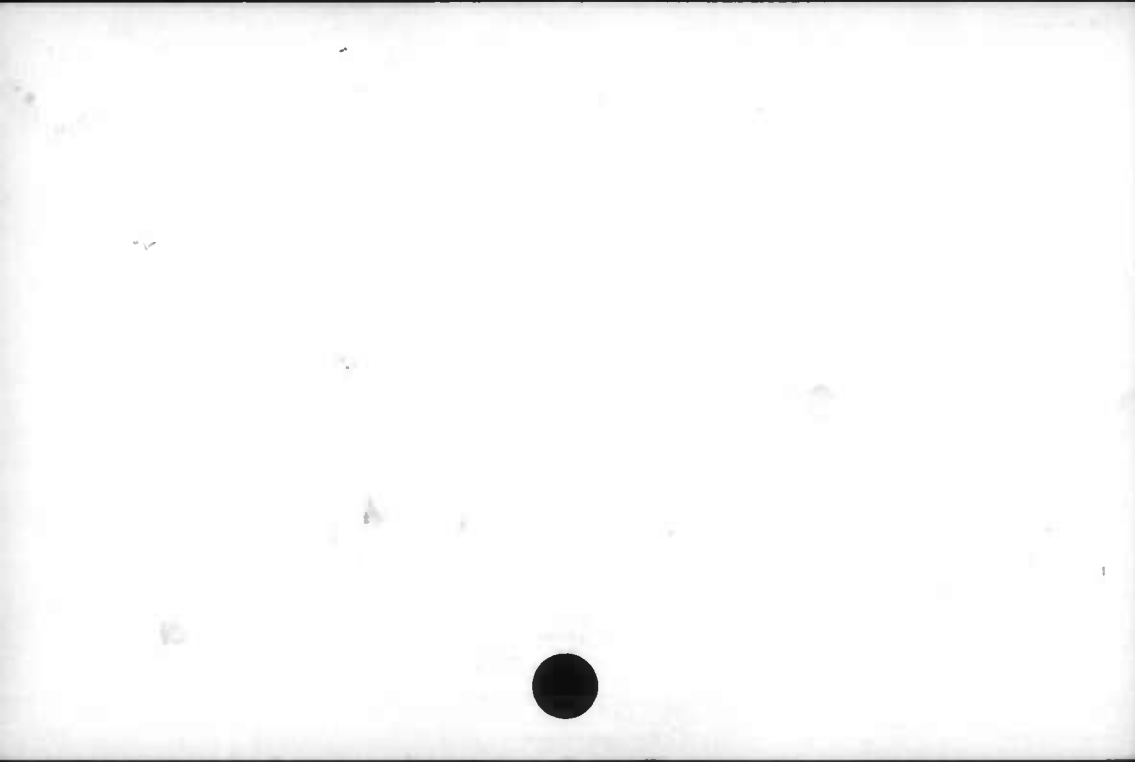
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Eveline Milbourne</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at		Month <i>Dec.</i>		Day <i>24</i>		Years <i>5</i>	
Date of death <i>1909</i>		Month <i>Dec.</i>		Day <i>24</i>		Years <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lawsonia</i>			
Occupation —		Where Realding if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <i>Woodland Milbourne</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ida B. Byrd</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>L. D. Byrd</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

Primary <i>Obstruction of cypic duct</i>		How long <i>6 days</i>	
Immediata <i>Shock from operation</i>		How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Hall</i>	
—		Address <i>Crisfield Md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emeline Miles* County *Somerset*
Died at *James town* Maryland
Date of death 190 *9* Month *12* Day *21* Age *60* Months ☒ Days ☒
Sex *Female* Color or Race *B color* Birth-place *Ind*
Occupation *Housewife* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Stephen Miles*
Father's Name *Adams Langford* Father's Birthplace *Ind*
Mother's Maiden Name *Harriet Miles* Mother's Birthplace *Ind*
Name of person giving Information *Noah Cochran* How related to deceased *Wife*

CAUSES OF DEATH

120

Primary *Bright's Disease* How long *1 year*
Asthma How long *Five months*
Immediate
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician *Dr. Wainright*
Address *Princess Anne Md*
Accident or Suicide

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

LOWE

County

Month

Day

Years

Months

Dave

Sex _____
Occupation _____

Color or Race

Birth-
place

Lancaster Co
Pa.

Married, Single
or Widowed

Name of Wife or
Husband

Where Residing if not
at place of death

Father's
Nama

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
Information

How related
to ~~deceased~~

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above ?

Signature of
Physician

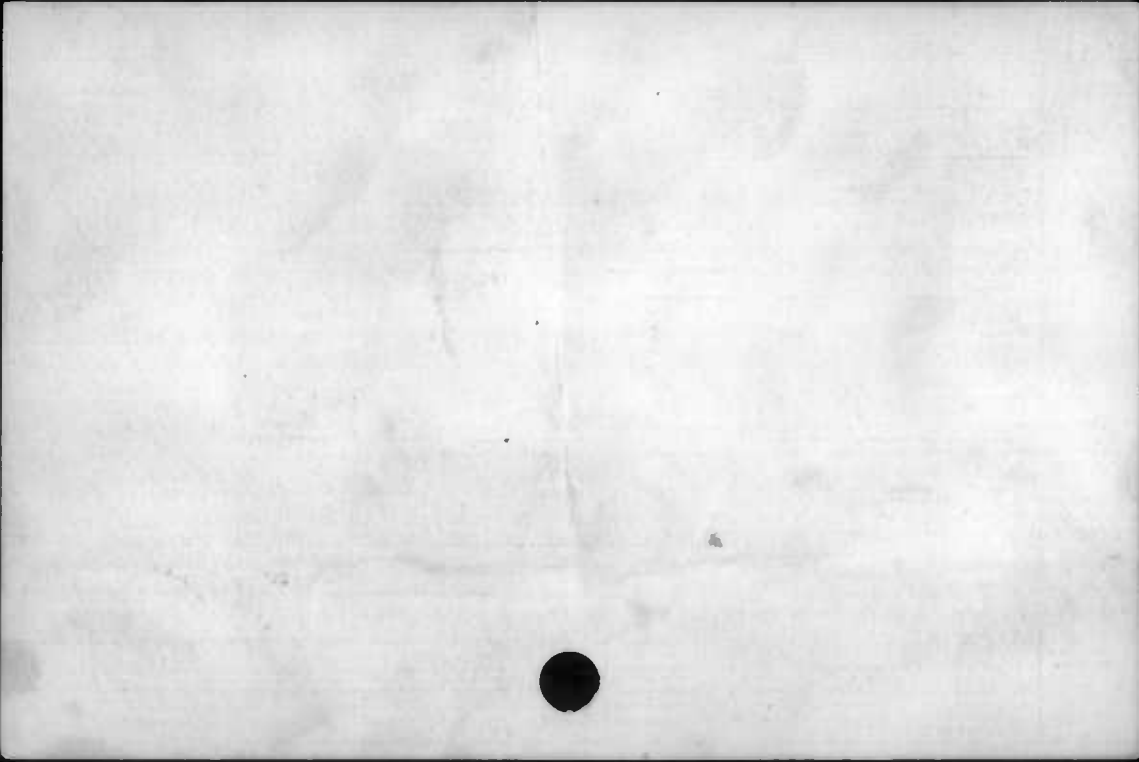
Address

Accident or Suicide

OFFICE SUPPLY CO., 2284



Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Somerset		MARYLAND				
		Date of death		1909	Month	Dec	Day	3	Age	64
		Sex		Female		Color or Race		White		
		Occupation		Housewife		Birth-place		Md		
		Where Residing if not at place of death		Same						
		Married, Single or Widowed		Married		Name of Wife or Husband		Henry Murray Deceased		
		Father's Name		Wm Sims		Father's Birthplace		Md		
		Mother's Maiden Name		Racaul Parks		Mother's Birthplace				
Name of person giving information		Jno Stewart		(1)		How related to deceased		Son-in-law		
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		Typhoid Fever				4 weeks				
		Immediate				How long				
		Typhoid				3 days				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. H. Hays Md				
				Address		Crown Md				
Accident or Suicide?		No								



Name
in
Full

Minnie Niskey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1909	Month	December	Day	29
Age	35	Years		Months	3
Sex	Female	Color or Race	Colored	Birth-place	Princess Anne Md.
Occupation	Housewife		Where Residing if not at place of death <i>Princess Anne Md.</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Charles Niskey Jr.</i>		
Father's Name	<i>George Mills</i>		Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name	<i>Sally Mills</i>		Mother's Birthplace <i>Somerset Co</i>		
Name of person giving information	<i>Charles Niskey Jr.</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>Three years</i>
Immediate	<i>Dilatation of the Heart</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Catherine F. Luckford</i>	
Yes		Address <i>Princess Anne</i>	
Accident or Suicide?		<i>Maryland</i>	



Name
in
Full

Nellie Tawar Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Griffith		County Somerset		MARYLAND	
Date of death		Month 12	Day 11	Age 33		Months —	Days —
Sex	Female		Color or Race	White		Birth-place	Griffith Md
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	John Parker			
Father's Name	John L Tawar				Father's Birthplace	Hopewell Md	
Mother's Maiden Name	Mary Pruitt				Mother's Birthplace	Hopewell Md	
Name of person giving Information	Jno Parker				How related to deceased	Husband	

CAUSES OF DEATH

27

Primary	Tuberculosis		How long	20 years
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. H. Hall
			Address	Griffith Md
Accident or Suicide	no			

PHYSICIAN
OR CORONER



Name
in
FullCorretta Scarborough
Cusfield
Somerset

CERTIFICATE OF DEATH

MARYLAND

Died at Cusfield

Date of death 1909 Dec

23

Age 2

Months

Days

Sex

Female

Color or
Race

Blk

Birth
place

Cusfield Md

Occupation

Child

Where Residing at
at place of death

Cusfield Md

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Mose Seabro

Father's
Birthplace

Cusfield Md

Mother's
Maiden Name

Josephine Crippin

Mother's
Birthplace

Md

Name of person giving
Information

Allus Seabro Bailey

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Whooping Cough -

How long

Six weeks

Immediate

Bacterial Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

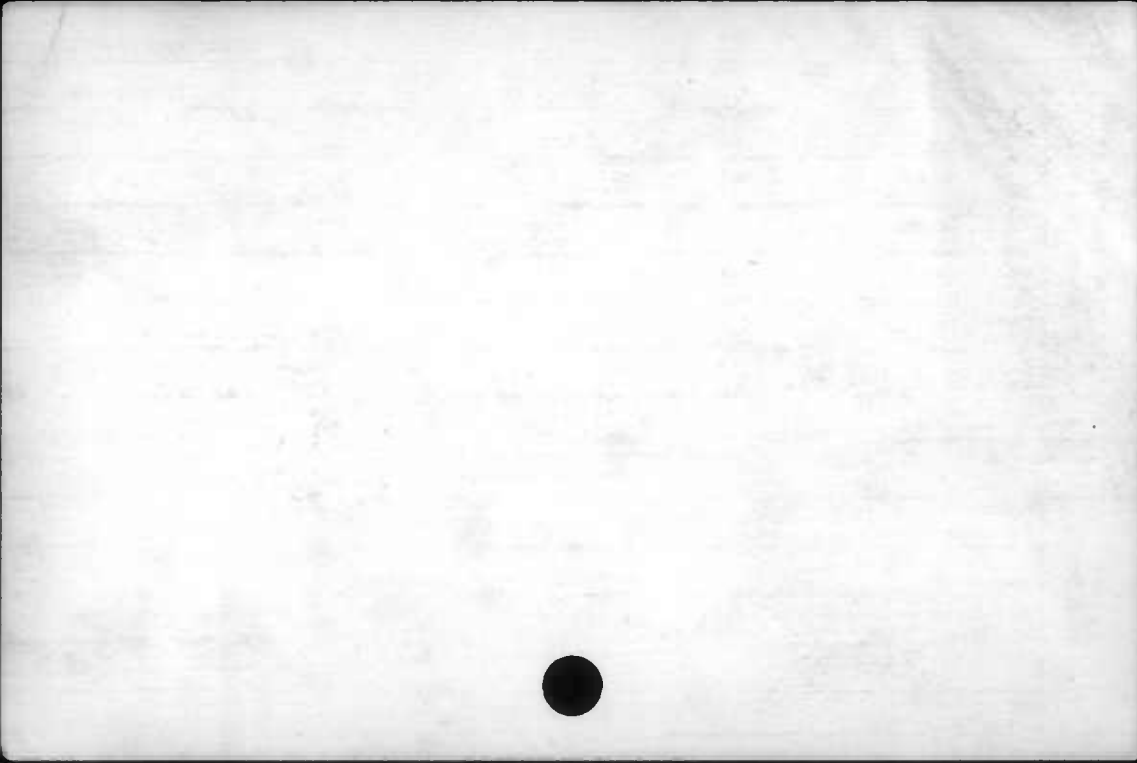
W. H. Coulbourn

Address

Cusfield Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Leah Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Alms House* Town *Dorchester* County **MARYLAND**

Date of death *1909* Month *Dec* Day *10* Age *About 75* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *md.*

Occupation *Pauper* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Geo W Bonds* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* How long *177*

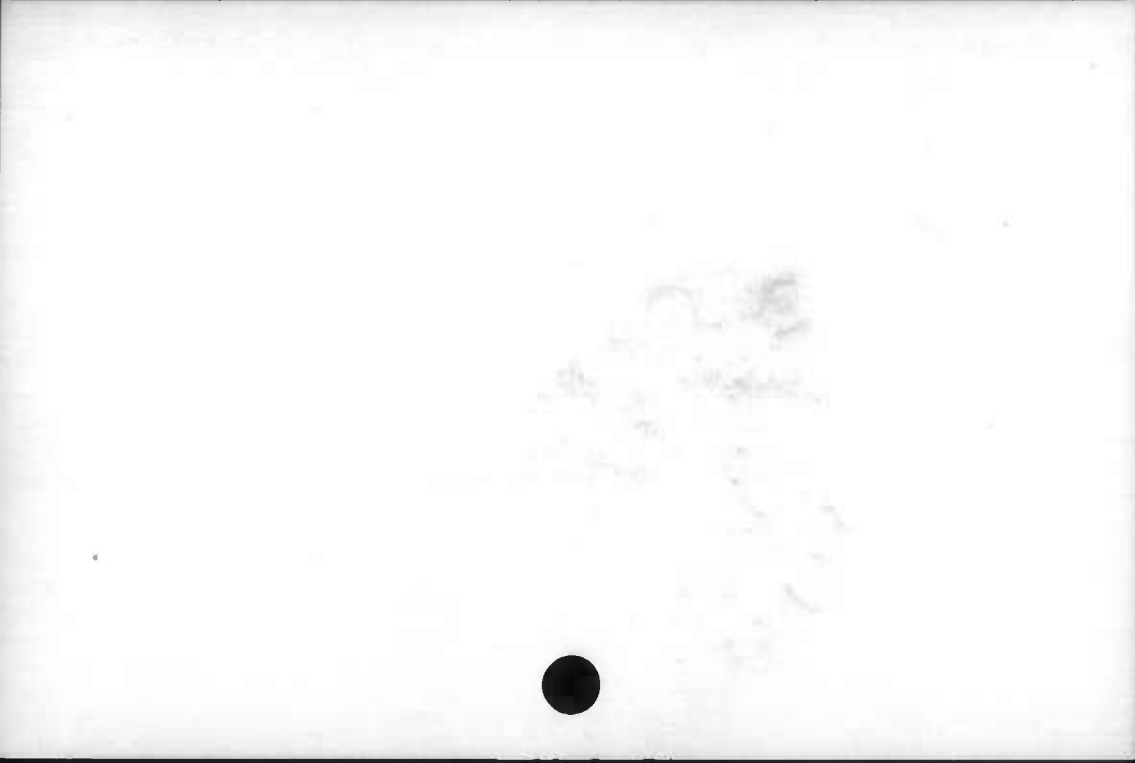
Immediate *Senile Quasars* How long *Progressive*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Chas. T. Fairbanks*

Address *Princess Anne md*

Accident or Suicide



Name
in
Full

Lowdy Swift

CERTIFICATE OF DEATH

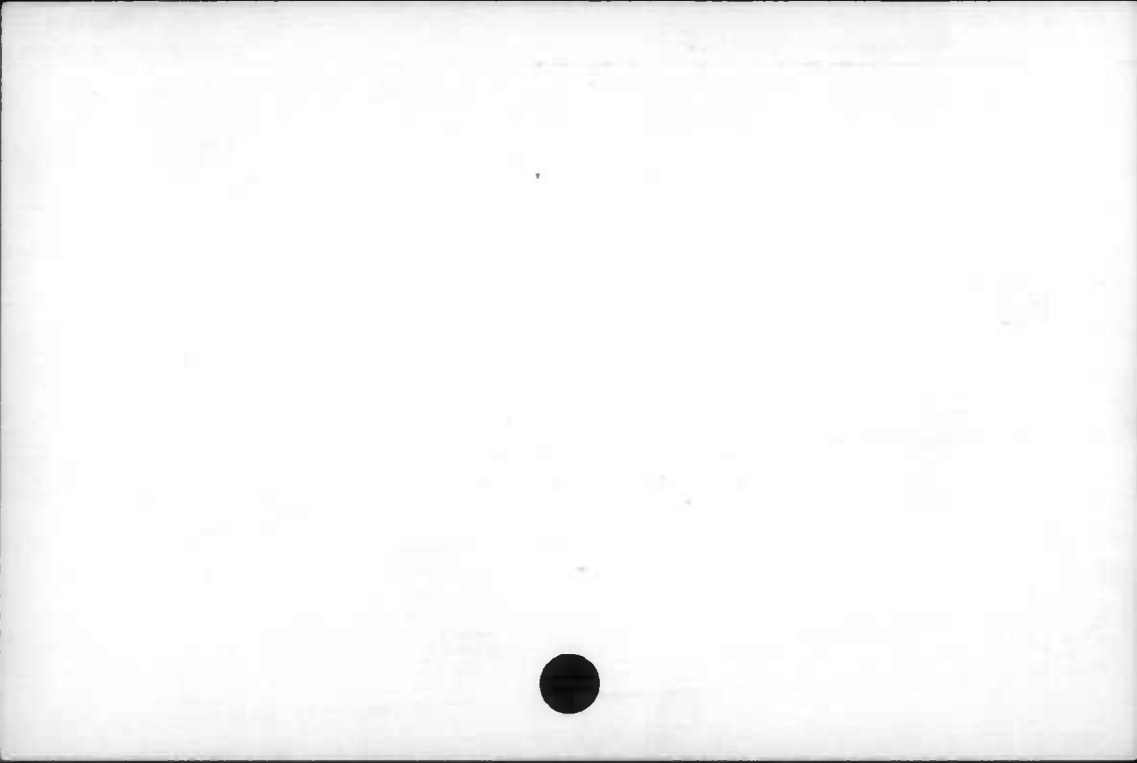
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harold</i>		County <i>Somerset</i>		MARYLAND	
Date of death	190	9	Month <i>Dec</i>	Day <i>2</i>	Age <i>21</i>	Years <i>2</i>	Months <i>2</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birthplace	<i>Somerset Co</i>
Occupation	<i>Invalid</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Theodore Swift</i>					Father's Birthplace	<i>Somerset Co</i>
Mother's Maiden Name	<i>Lilla Mattheus</i>					Mother's Birthplace	<i>Somerset Co</i>
Name of person giving Information	<i>Herman Swift</i>					How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>11 yrs ago</i>
Immediate	<i>Born Paralyzed ever since</i> <i>gradually grew worse</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. J. G. B. Allen</i>
		Address	<i>Union</i>
Accident or Suicide	<i>No</i>		<i>and</i>



Name
in
Full

Lenora Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Princess Anne Mch- ^{County} Somerset **MARYLAND**

Date of death 1909 ^{Month} December ^{Day} 7th ^{Years} Age 45 ^{Months} — ^{Days} —

Sex Female Color or Race white Birth-place Penn.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ Husband Theodore A. Walker

Father's Name Alexander Hanna Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Paul Walker How related to deceased Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary nephritis How long ?

Immediate Uræmic Coma How long about 1 1/2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. J. Fisher M.D.

Address Princess Anne Md.

Accident or Suicidal No.



Name
in
Full

Isabella Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Habuab		County Somerset		MARYLAND	
Date of death	1909	Month Dec	Day 7	Age 75	Years	Months	Days
Sex	Female		Color or Race	White		Birthplace	Ind
Occupation	Housewife			Where Residing if not at place of death Same			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Frank Waller			
Father's Name	Robert P Waller				Father's Birthplace	Scotland	
Mother's Maiden Name	Ellen Stayten				Mother's Birthplace	Ind	
Name of person giving Information	Harry Fitzgerald				How related to deceased	Grandson	

CAUSES OF DEATH

Primary	Cerebral Hemorrhage	How long	64
Immediate	Exhaustion	How long	3 days

Are the name, age, sex, color, date and place correctly given above?

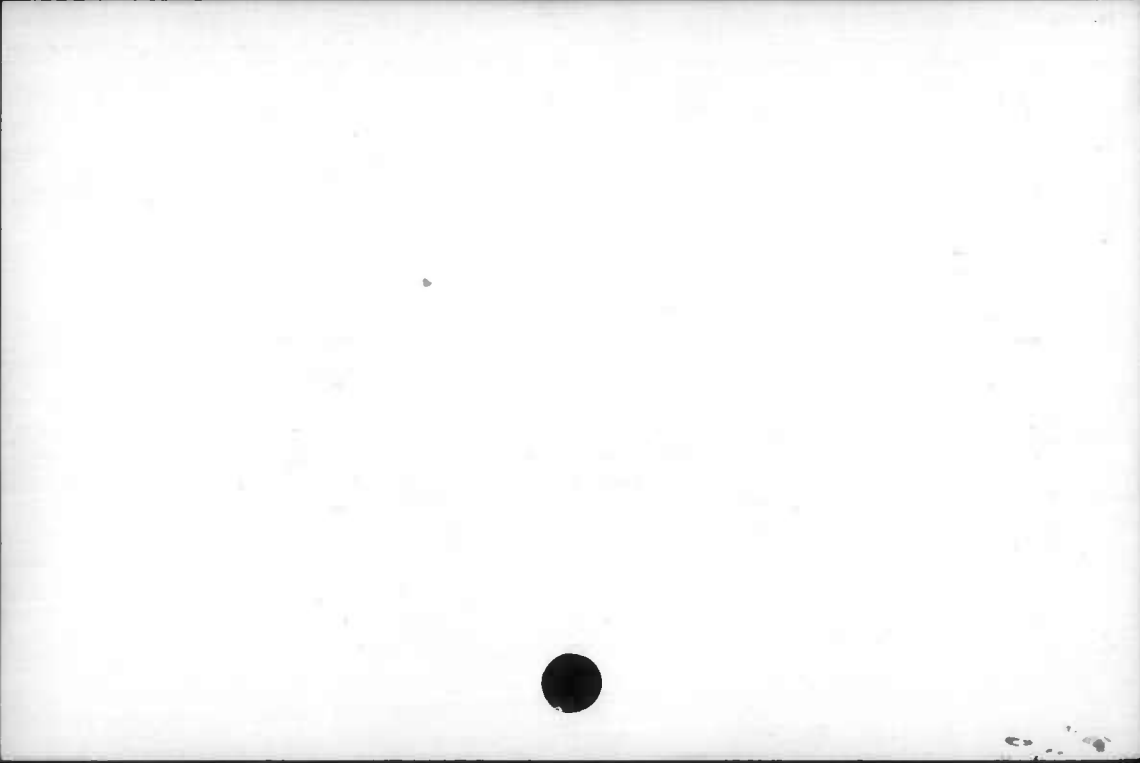
Yes

Signature of Physician

Address

R L Hoyt
Arlville Ind

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Graham Lowell Webster</i>		Town <i>Deale</i>		County <i>Sanmar</i>		MARYLAND	
Died at <i>Deale</i>		Month <i>12</i>		Day <i>2</i>		Year <i>1908</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>2</i>		Age <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Deale Md</i>		Days <i>6</i>	
Occupation <i>-</i>				Where Residing if not at place of death <i>Deale Island</i>			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>David D Webster</i>				Father's Birthplace <i>Deale Island</i>			
Mother's Maiden Name <i>Mary E Webster</i>				Mother's Birthplace <i>Deale Island</i>			
Name of person giving information <i>Mary E. Webster</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Asphyxia</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. G. Alexander</i>
<i>Probably</i>	Address <i>Sanmar</i>
Accident or Suicide	



Name
in
Full

Sarah Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Deals Island		Somerset					
Date of death	1909	Month	Dec	Day	7	Years	45
Sex	Female	Color or Race	White	Birth-place	Somerset Co., Md.		
Occupation	House Servant		Where Residing if not at place of death	Deals Island Md.			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John B. Webster			Father's Birthplace	Somerset Co., Md.		
Mother's Maiden Name	Addline Webster			Mother's Birthplace	Deals Island Md.		
Name of person giving Information				How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Apoplexy		How long	64	36 hrs.
Immediate	Asphyxia		How long	12 hrs.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Probably		H. G. Alexander		Somerset Co.	
Accident or Suicide					



Name
in
Full

Edward D. Wharton

CERTIFICATE OF DEATH

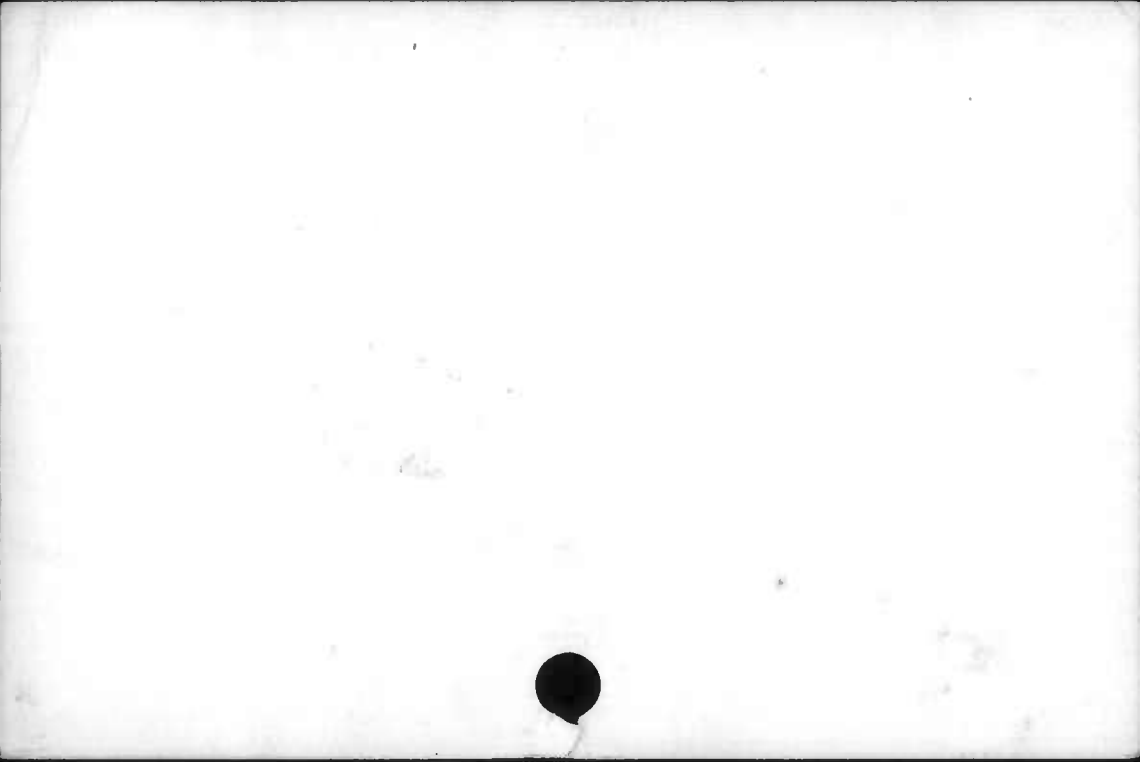
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death		190	9	Dec	12	Age	57
Sex		Male		Color or Race		White	
Occupation		Rigger		Birth- place		Newport N.J.	
Married, Single or Widowed		Married		Name of Wife or Husband		Mary A. Wharton	
Father's Name		Edward D. Wharton		Father's Birthplace		Newport N.J.	
Mother's Maiden Name		Sarah Love		Mother's Birthplace		New Jersey	
Name of person giving Information		Mary A. Wharton		How related to deceased		Wife	

CAUSES OF DEATH

Primary	Valvular disease heart.	How long	4 years
Immediate	Dropsy	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. F. Stael
Accident or Suicide		Address	Crisfield

PHYSICIAN
OR CORONER



Name
in Full

Elizabeth White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Dec	Day	24th	Age
Sex	Female	Color or Race	White	Birth-place	Somerset	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Allison White			
Father's Name	John Jones			Father's Birthplace	Somerset	
Mother's Maiden Name	Hannah			Mother's Birthplace	Somerset	
Name of person giving Information	Allison White			How related to deceased	Husband	

CAUSES OF DEATH

Primary	Tuberculosis	How long	27
Immediate	Asthenia	How long	9 mos.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. J. Winkler
		Address	St. Johns, Somerset, Md.
Accident or Suicide	no		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

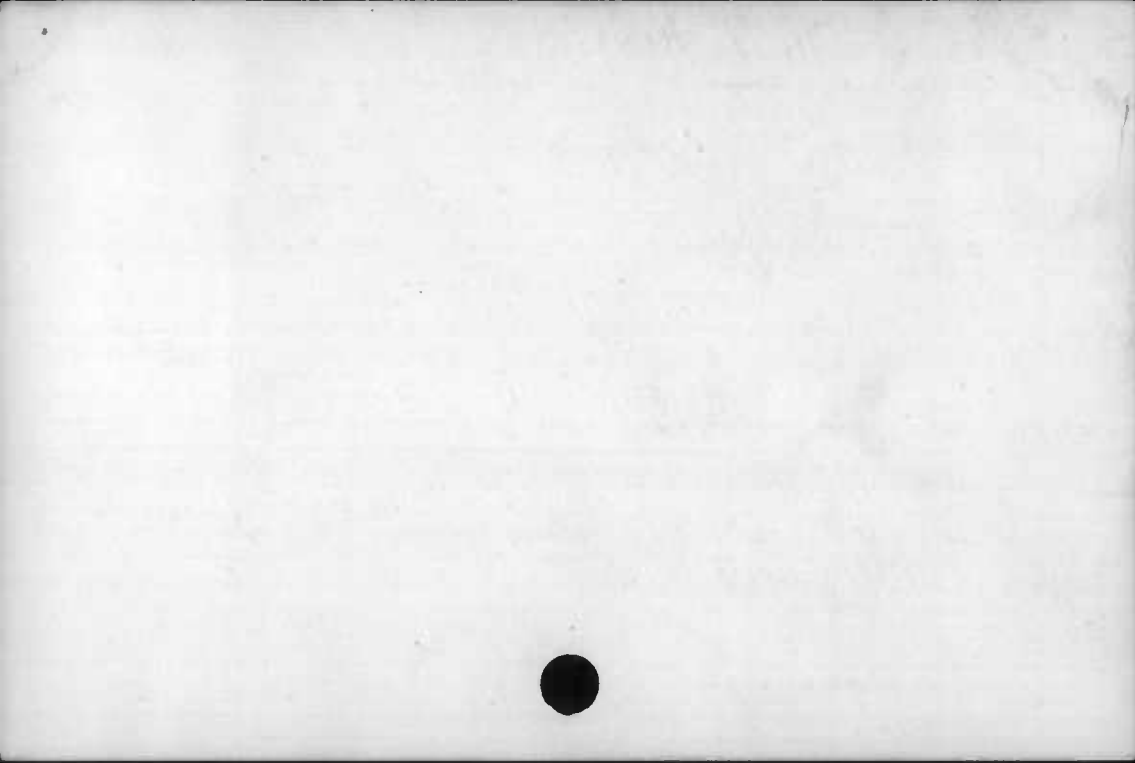
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Dec.	17th		-	3	24
Sex		Color or Race		Birth-place			
Male		white		Som. Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
None white				Som. Co.			
Mother's Maiden Name				Mother's Birthplace			
Clementine Rigging				Som. Co.			
Name of person giving information				How related to deceased			
Clementine White				Mother			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
Marasmus		3 mos	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. J. Madson, M.D.	
		Address	
		Blues Station	
		Somerest Co., Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant William
Mt Vernon

County

Sumner

MARYLAND

Date

of death 1909 Dec 11

Age

White

Years

Months

Days

16

Sex

Female

Color or
Race

Birth
place

Sumner Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jessie McPherson
Jessie Smith

Father's
Birthplace

Sumner Co

Mother's
Maiden Name

Mother's
Birthplace

Sumner Co

Name of person giving
Information

Mrs M Williams

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Asphyxiated while asleep

How long

166

Immediate

Found with face buried in pillow

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. A. Barnes M.D.
Cross River
R.F.D. No. 2

Accident or Suicide

PHYSICIAN
OR CORONER

